



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Art Unit : 3754
Examiner : Frederick C. Nicolas
Serial No. : 10/627,899
Filed : July 25, 2003
Inventor : Ian Anderson
Title : IMPROVEMENTS RELATING
: TO TOTE BINS

Customer No.: 035811

Docket No.: 1424-DIV-DIV-00

Confirmation No.: 3427

Date: September 21, 2004

AMENDMENT

Mail Stop Amendment

Commissioner for Patents

P.O. Box 1450

Alexandria, VA 22313-1450

Sir:

In response to the Official Action dated April 21, 2004, Applicant amends the Application
as follows:



Attorney Docket No.: 1424-DIV-DIV-00

In re Application of Ian Anderson

Serial No.: 10/627,899

Filed: July 25, 2003

For: IMPROVEMENTS RELATING TO TOTE BINS

Mail Stop Amendment

Commissioner for Patents

P.O. Box 1450

Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an Amendment in the above-identified application.

☐ Small entity status of this application under 37 CFR §1.9 and §1.27 has been established.

☐ A verified statement to establish small entity status under 37 CFR §1.9 and §1.27 is enclosed.

☒ No additional fee is required.

The fee has been calculated as shown below:

(Col. 1) (Col. 2) (Col. 3)

SMALL ENTITY

OTHER THAN
SMALL ENTITY

	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NO. PRE- VIOUSLY PAID FOR	PRESENT EXTRA
TOTAL	* 1	-	** 20=	0
INDEP.	* 1	-	** 3=	0
<input type="checkbox"/> First presentation of multiple dependent claim				

RATE	ADD'L FEE
x 9=	\$
x43=	\$
+145=	\$

OR

RATE	ADD'L FEE
x18=	\$
x86=	\$
+290=	\$

TOTAL ADDITIONAL FEE \$ _____ OR \$ _____


* If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found from the equivalent box in Col. 1 of a prior amendment or the number of claims originally filed.

- Please charge my Deposit Account No. 50-2719 in the amount of \$ _____.
A duplicate copy of this sheet is enclosed.
- A check in the amount of \$ _____ is attached.
- x The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 50-2719. A duplicate copy of this sheet is enclosed.
- x Any filing fees under 37 CFR §1.16 for the presentation of extra claims.
- x Any patent application processing fees under 37 CFR §1.17 with the exception of the Issue Fee which we intend to pay by check.



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